


32327 32356

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000167943

1. Entity Name
TECHNOLOGICAL MOTORS INC.



FILED

08 MAY 30 PM 2:11

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business
10912 NW 14TH AVE.
GAINESVILLE, FL 32606

Mailing Address
10912 NW 14TH AVE.
GAINESVILLE, FL 32606

2. Principal Place of Business - No P.O. Box #
85 Municipal Ave

3. Mailing Address
85 Municipal Ave

Suite, Apt. #, etc.

City & State
Sopchoppy FL

City & State
Sopchoppy FL

Zip
32358 Country
USA

Zip
32358 Country
USA

05302008 Chg-P CR2E034 (12/06)

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**THEURER, ERNEST E
10912 NW 14TH AVE.
GAINESVILLE, FL 32606**

7. Name and Address of New Registered Agent
Name **Ernest Tlewer**
Street Address (P.O. Box Number is Not Acceptable)
85 Municipal Ave
City **Sopchoppy** **FL** Zip Code **32358**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **[Signature]** DATE **5/30/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD THEURER, ERNEST E 10912 NW 14TH AVE. GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD Ernest Tlewer 85 Municipal Ave Sopchoppy FL 32358 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400131407574 06/17/08--01017--003 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** DATE **5/30/06** DAYTIME PHONE # **631-905-6157**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR